



January 14, 2026

Matthew Hubicki
New York State Department of Environmental Conservation
Division of Environmental Remediation
625 Broadway, Albany
New York 12233-7014

RE: Supplemental Vapor Intrusion Assessment Work Plan
46-70 McLean Avenue Auto Repair Laundry
NYSDEC Site Number: C360211

On behalf of SNL Yonkers, LLC, Impact Environmental Engineering and Geology, PLLC (Impact), has prepared this Vapor Intrusion (VI) Assessment Work Plan for 46-70 McLean Avenue Auto Repair Laundry Site (BCP Site No. C360211) in Yonkers, New York (the "Site"). In accordance with the Site Management Plan (SMP), this Assessment is required post-construction of the new building, and prior to occupancy, to evaluate if a vapor intrusion pathway exists that warrants active sub-slab depressurization to prevent impairment of indoor air quality and vapor intrusion. The details of the proposed sampling are presented below.

SOIL VAPOR INTRUSION AND OUTDOOR AIR SAMPLE COLLECTION

This VI Assessment evaluation will be conducted within the typical heating season, defined within NYSDOH guidance as November 15 to March 31. The following will be conducted as part of the VI assessment:

- Prior to sample collection, Impact will conduct a product inventory and building questionnaire form (refer to **Attachment 1**) documenting sources of volatile chemicals present in the building and will ensure that the heating system operates under normal conditions for at least 48 hours. Additionally, the SSDS risers at the roof will be capped a minimum of 48 hours prior to the sample event.
- Following this period, Impact will conduct concurrent sub-slab vapor, indoor air, and outdoor air sampling. The sampling will be completed in accordance with the procedures in the NYSDOH Guidance for Evaluating Soil Vapor Intrusion in the State of New York (October 2006, updated 2017 and 2024).
- A total of six (6) sub-slab soil vapor points, identified as VMP-1 through VMP-5, and VMP-7. Samples will be collected from existing vapor monitoring point installed through the building slab during construction and collocated with an indoor air sample. One (1) ambient (outdoor) air sample will be collected. A total of 13 samples will be collected, as illustrated in **Figure 1**.
- Samples will be collected using passive 6- liter, laboratory-supplied stainless-steel Summa® canisters. The canisters will be individually certified clean by the laboratory and supplied with vacuum gauges and pre-set flow controllers capable of collecting a sample at a rate not to exceed 0.2 liters per minute, as established in the NYSDOH Guidance Document. Once a canister is full (i.e., -2 to -7 in. Hg remaining, as measured by an analog/digital pressure gauge), it will be sealed and labeled with the sample identification number for the sub-slab vapor point.

- All samples will be submitted for laboratory analysis of VOCs by USEPA Method TO-15, Select Ion Monitoring (SIM) for the five compounds that require a laboratory reporting limit of 0.20 micrograms per cubic meter (ug/m³) or less, as noted in NYSDOH Soil Vapor Intrusion Matrices (Table A through Table F). All environmental samples will be submitted to a NYSDOH Environmental Laboratory Approval Program (ELAP)–certified laboratory for analysis in accordance with applicable New York State Department of Environmental Conservation and NYSDOH guidelines.

SCHEDULE AND REPORTING

The vapor intrusion assessment activities are tentatively planned for early January 14, 2026. Upon completion of the VI investigation, the analytical results will be compared to the appropriate air guideline values derived by the NYSDOH Table 3.1 associated with NYSDOH's Guidance for Evaluating Soil Vapor Intrusion in New York State. A VI Assessment Report will be prepared and submitted to NYSDEC and NYSDOH for review and approval. The report will include:

- A summary of activities completed.
- Tables and figures summarizing the analytical results and identifying the VI sampling locations.
- Laboratory report and sampling field forms.

Should you have any questions, please do not hesitate to contact me at 631-269-8800.

IMPACT ENVIRONMENTAL CLOSURES, INC.



Greg Mendez-Chicas, CHMM
Vice President

CC: Kerry Maloney, NYSDEC (kerry.maloney@dec.ny.gov)
Melissa Doroski, NYSDOH (melissa.doroski@health.ny.gov)
James Sullivan, NYSDOH (james.sullivan@health.ny.gov)
Kiernan McCarthy, NYSDEC (kiernan.mccarthy@dec.ny.gov)
Kerry Maloney, NYSDEC (kerry.maloney@dec.ny.gov)
Hal Benjamin, Impact (hbenjamin@impactenvironmental.com)
Kevin Kleaka, Impact (kkleaka@impactenvironmental.com)

Encl.

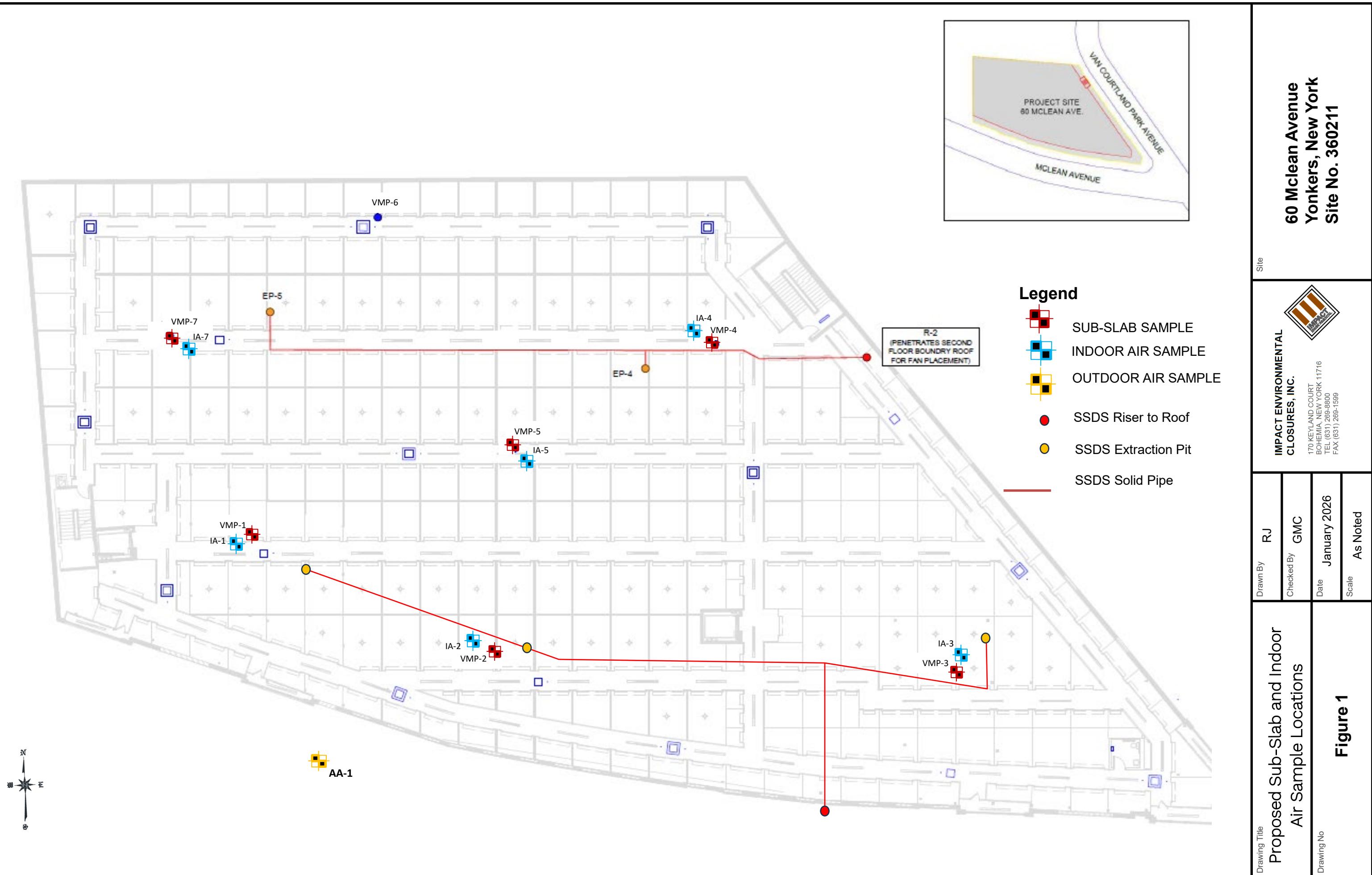


Figure 1

**NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH**

This form must be completed for each residence involved in indoor air testing.

Preparer's Name _____ Date/Time Prepared _____

Preparer's Affiliation _____ Phone No. _____

Purpose of Investigation _____

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ____)

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential
Industrial

School
Church

Commercial/Multi-use
Other: _____

If the property is residential, type? (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) _____

Does it include residences (i.e., multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors_____

Building age_____

Is the building insulated? Y / N

How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

a. Above grade construction:	wood frame	concrete	stone	brick
b. Basement type:	full	crawlspac	slab	other _____
c. Basement floor:	concrete	dirt	stone	other _____
d. Basement floor:	uncovered	covered	covered with _____	
e. Concrete floor:	unsealed	sealed	sealed with _____	
f. Foundation walls:	poured	block	stone	other _____
g. Foundation walls:	unsealed	sealed	sealed with _____	
h. The basement is:	wet	damp	dry	moldy
i. The basement is:	finished	unfinished	partially finished	
j. Sump present?	Y / N			
k. Water in sump?	Y / N / not applicable			

Basement/Lowest level depth below grade: _____ (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Hot air circulation	Heat pump	Hot water baseboard
Space Heaters	Stream radiation	Radiant floor
Electric baseboard	Wood stove	Outdoor wood boiler
		Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in: Basement Outdoors Main Floor Other _____

Air conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

<u>Level</u>	<u>General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)</u>
--------------	--

Basement _____

1st Floor _____

2nd Floor _____

3rd Floor _____

4th Floor _____

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- a. Is there an attached garage? Y / N
- b. Does the garage have a separate heating unit? Y / N / NA
- c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) Y / N / NA
Please specify _____
- d. Has the building ever had a fire? Y / N When? _____
- e. Is a kerosene or unvented gas space heater present? Y / N Where? _____
- f. Is there a workshop or hobby/craft area? Y / N Where & Type? _____
- g. Is there smoking in the building? Y / N How frequently? _____
- h. Have cleaning products been used recently? Y / N When & Type? _____
- i. Have cosmetic products been used recently? Y / N When & Type? _____

j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____

k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____

l. Have air fresheners been used recently? Y / N When & Type? _____

m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____

n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____

o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N

p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building? Y / N
If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N
(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work? Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)	No
Yes, use dry-cleaning infrequently (monthly or less)	Unknown
Yes, work at a dry-cleaning service	

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____
Is the system active or passive? Active/Passive

9. WATER AND SEWAGE

Water Supply: Public Water Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

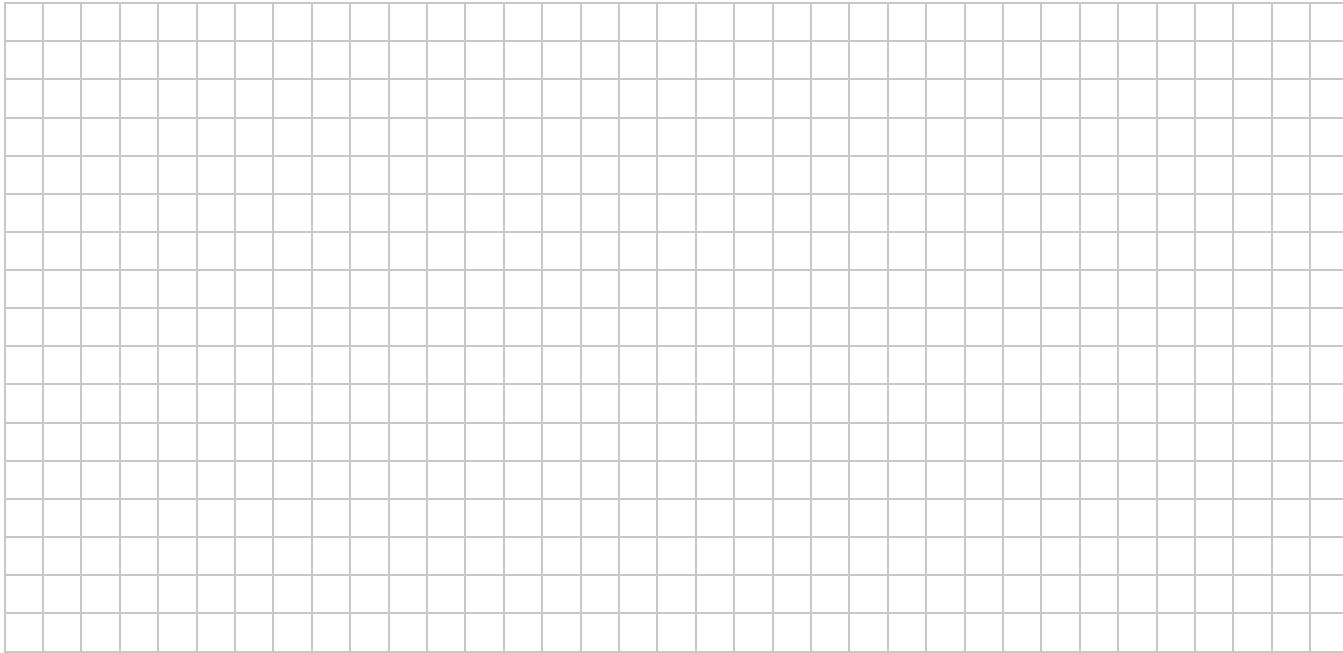
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

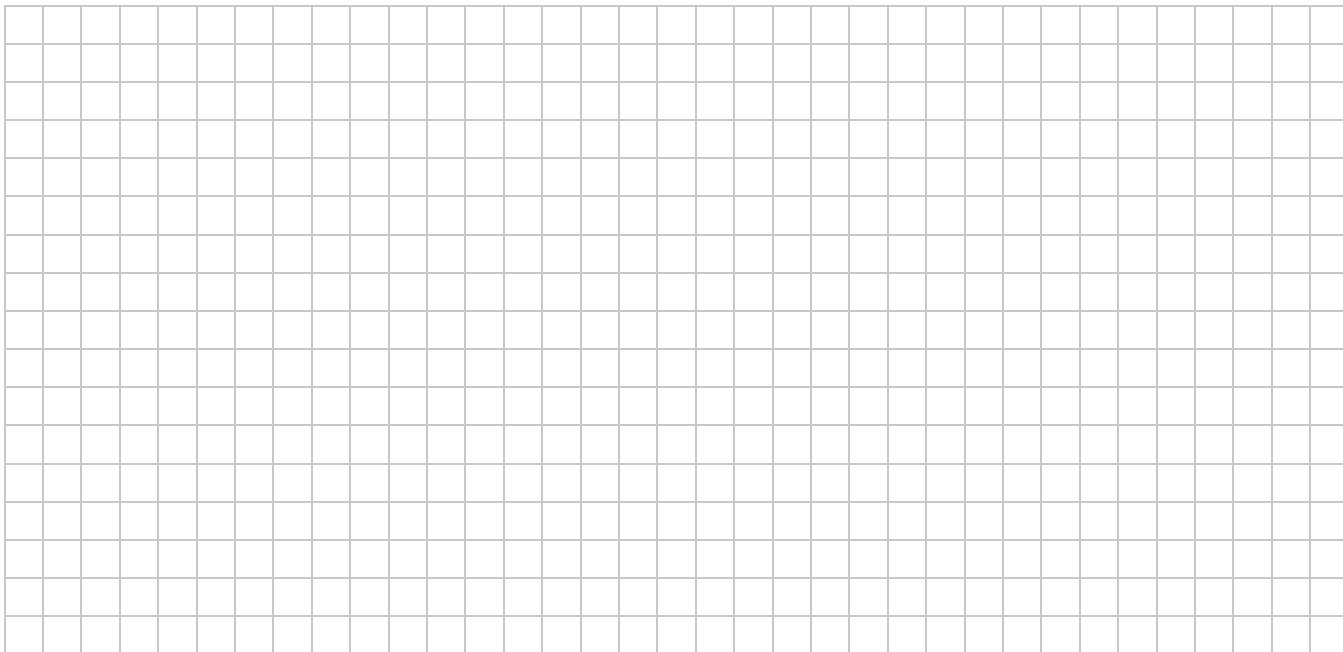
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



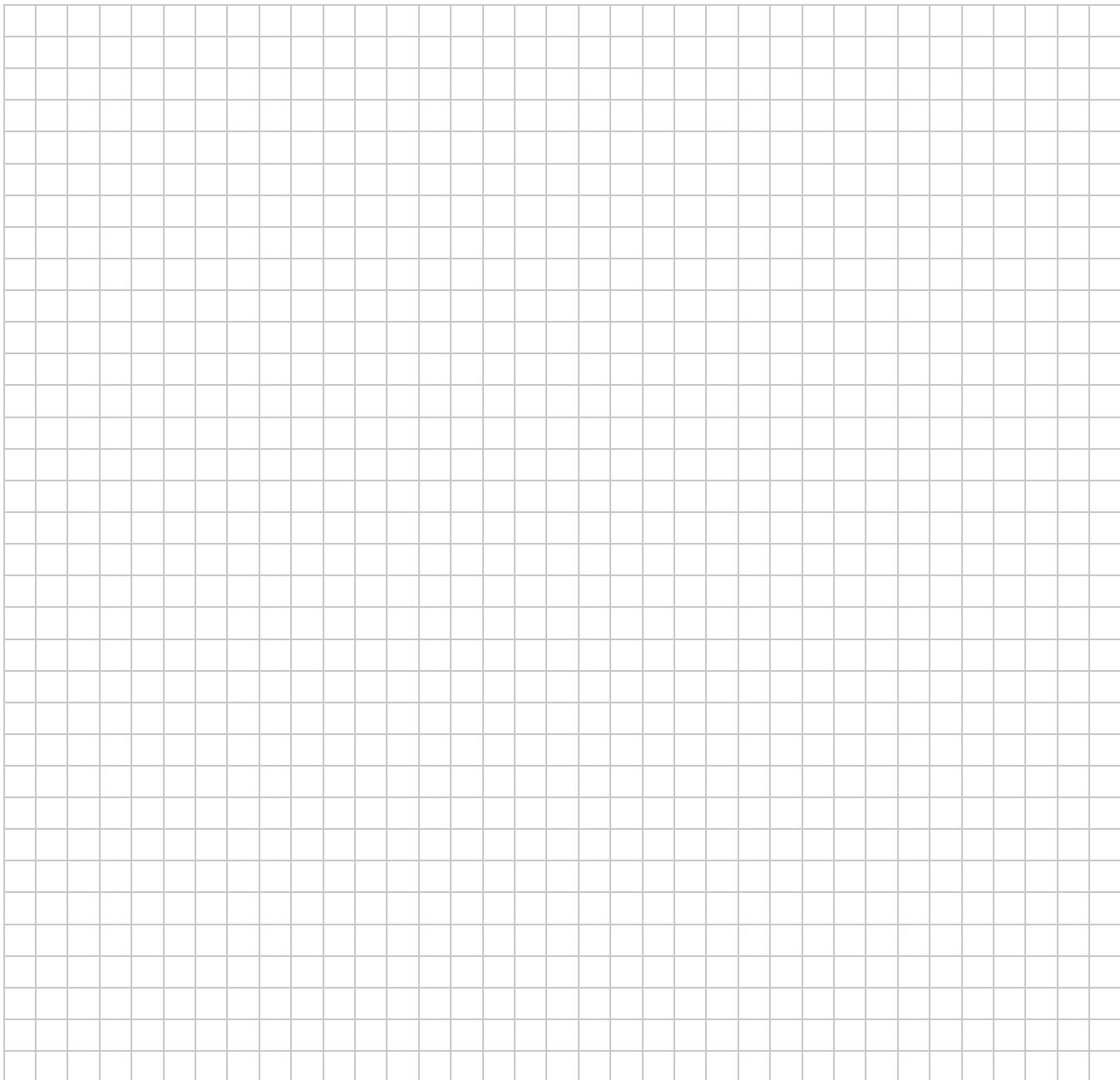
First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.



13. PRODUCT INVENTORY FORM

Make & Model of field instrument used: _____

List specific products found in the residence that have the potential to affect indoor air quality.

* Describe the condition of the product containers as **Unopened (UO)**, **Used (U)**, or **Deteriorated (D)**

** Photographs of the **front and back** of product containers can replace the handwritten list of chemical ingredients. However, the photographs must be of good quality and ingredient labels must be legible.